

Disclosure Report Cover

OCT 28 2014

Amendment

☐ Yes

☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information

| | |
|---|--|
| a. Full Name Citizens to Elect Mark Griffin | c. ID Number 9CDZ67 |
| b. Mailing Address (include City, State and Zip Code) 465 Daugherty Rd Dover, NC 28526 | d. Date Filed 10/24/2014 |
| | e. Phone Number 252-268-0657 |

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2014 | 3. Period Start Date (mm/dd/yy) 07/01/2014 | 4. Period End Date (mm/dd/yy) 10/18/2014 | 5. Treasurer Full Name Mark Wesley Griffin |
|-------------------------------|--|--|--|

| | | | |
|--|---|---|--------------------------------|
| 6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | 9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | 10. Special Report Name |
|--|---|---|--------------------------------|

| | |
|---|---|
| 11. Account Information a. Financial Institution Full Name | 11. Account Information a. Financial Institution Full Name |
| b. Purpose All Campaign Expenses | b. Purpose |
| c. Account Code 01 | c. Account Code |
| d. Period Begin Balance \$ 5.35 | d. Period Begin Balance \$ |

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Mark W Griffin

Printed Name of Signer

Signature of Appointed Treasurer

10/24/2014

Date

FOR OFFICE USE ONLY

Date Received:

10/28/14

Employee:

Signature

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☒ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

| | | | | | |
|--|--|------------------------------------|--|----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
| Citizens to Elect Mark Griffin | | 3 rd Qtr | | 9CDZ67 | |
| Start of Election Cycle: | | January 1, | | 2014 | |
| | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 5.35 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | | (CRO-1205) | | \$ 60.00 | |
| 6) Contributions from Individuals | | (CRO-1210) | | \$ 4937.03 | |
| 7) Contributions from Political Party Committees | | (CRO-1220) | | \$ | |
| 8) Contributions from Other Political Committees | | (CRO-1230) | | \$ 500.00 | |
| 9) Loan Proceeds | | (CRO-1410) | | \$ | |
| 10) Refunds/Reimbursements To the Committee | | (CRO-1240) | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts | | (CRO-1250) | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations | | (CRO-1250) | | \$ | |
| 11c) Outside Sources of Income | | (CRO-1250) | | \$ | |
| 11d) Legal Expense Fund – Other Sources | | (CRO-1270) | | \$ | |
| 11 e) Exempt Purchase Price Sales | | (CRO-1265) | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | | | \$ 5497.03 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | | (CRO-1310) | | \$ 24.65 | |
| 13b) Contributions to Candidates/Political Committees | | (CRO-1310) | | \$ | |
| 13c) Coordinated Party Expenditures | | (CRO-1310) | | \$ | |
| 14) Aggregated Non-Media Expenditures | | (CRO-1315) | | \$ | |
| 15) Loan Repayments | | (CRO-1420) | | \$ | |
| 16) Refunds/Reimbursements From the Committee | | (CRO-1320) | | \$ | |
| 17) In-Kind Contributions | | (CRO-1510) | | \$ 4,687.03 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | | | \$ 4,687.03 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | | | \$ 815.35 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | | (CRO-1330) | | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | | (CRO-1430) | | \$ | |
| 22) Debts and Obligations owed By the Committee | | (CRO-1610) | | \$ | |
| 23) Debts and Obligations owed To the Committee | | (CRO-1620) | | \$ | |
| 24) Account Transfers Within the Committee | | (CRO-1720) | | \$ | |
| 25) Administrative Support | | (CRO-1710) | | \$ | |
| 26) Forgiven Loans | | (CRO-1440) | | \$ | |
| 27) 48-Hour Notice Reports Sum | | (CRO-2200) | | \$ | |
| 28) Contributions to be Refunded | | (CRO-1215) | | \$ | |

Aggregated Contributions from Individuals

1 of 1

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

[illegible]

Contributions from Individuals

Pg 1 of 2

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Citizensto Elect Mark Griffin | | | | | 9CDZ67 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Mark Wesley Griffin 465 Daugherty Rd Dover, NC 28526 252-268-0657 | | | Dental Lab Tech | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DoD Navy Quality Dental Lab | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 6392.03 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | | Post Cards | 10/01/2014 | | \$ 1066.01 |
| <input type="checkbox"/> | 01 | | Postage | 10/01/2014 | | \$ 2901.02 |
| <input type="checkbox"/> | 01 | | Lumber for Sign | 09/20/2014 | | \$ 94.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Mark Wesley Griffin 465 Daugherty Rd Dover, NC 28526 252-268-0657 | | | Dental Lab Tech | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DoD Navy Quality Dental Lab | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 6392.03 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | | websites | 07/10/2014 | | \$ 75.00 |
| <input type="checkbox"/> | 01 | | Printing suplys | 09/10/2014 | | \$ 40.00 |
| <input type="checkbox"/> | 01 | | Shirts | 10/01/2014 | | \$ 96.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Mark Wesley Griffin 465 Daugherty Rd Dover, NC 28526 252-268-0657 | | | Dental Lab Tech | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DoD Navy Quality Dental Lab | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 6392.03 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | | Signs | 10/03/2014 | | \$ 395.00 |
| <input type="checkbox"/> | 01 | | Cards | 10/10/2014 | | \$ 20.00 |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 4687.03 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 4937.03 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | |

Contributions from Individuals

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Citizens to Elect Mark Griffin | | | | | 9CDZ67 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHN PERCY WETHERINGTON JR 119 N West Street Dover, NC 28526 252-520-7805 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Insurance | | e. Election Sum to Date | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 10/01/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Lillian Creger 114 RIDGEWOOD TRL NEW BERN, NC 28560 252-733-9196 | | | Retired - Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ 150.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 10/08/2014 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 4,937.03 250.00 | |

Contributions from Other Political Committees

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | |
|--|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Citizens to Elect Mark Griffin | | | | 9CDZ67 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| Speciale for NC House 803Stately Pines Rd New Bern, NC 28560 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 01 | Check | | 10/11/2014 | \$ 500.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 500.00 | |

In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|---|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Citizens to Elect Mark Griffin | | 9CDZ67 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Mark Wesley Griffin 465 Daugherty Rd Dover, NC 28526 252-268-0657 | | <input checked="" type="checkbox"/> Individual | |
| | | <input checked="" type="checkbox"/> Candidate | |
| | | <input type="checkbox"/> Party | |
| | | <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | | <input type="checkbox"/> Other Receipt Source | \$ 6392.03 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Cards | | 10/01/2014 | \$ 1066.01 |
| Postage | | 10/01/2014 | \$ 2901.02 |
| Lumber for signs | | 09/20/2014 | \$ 94.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Mark Wesley Griffin 465 Daugherty Rd Dover, NC 28526 252-268-0657 | | <input checked="" type="checkbox"/> Individual | |
| | | <input checked="" type="checkbox"/> Candidate | |
| | | <input type="checkbox"/> Party | |
| | | <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | | <input type="checkbox"/> Other Receipt Source | \$ 6392.03 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Website | | 07/10/2014 | \$ 75.00 |
| Printing supplies | | 09/10/2014 | \$ 40.00 |
| Shirts | | 10/01/2014 | \$ 96.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Mark Wesley Griffin 465 Daugherty Rd Dover, NC 28526 252-268-0657 | | <input checked="" type="checkbox"/> Individual | |
| | | <input checked="" type="checkbox"/> Candidate | |
| | | <input type="checkbox"/> Party | |
| | | <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | | <input type="checkbox"/> Other Receipt Source | \$ 6392.03 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Signs | | 10/03/2014 | \$ 395.00 |
| Cards | | 10/10/2014 | \$ 20.00 |
| | | | \$ |
| 4. Total only this Page | | | \$ 4687.03 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | | \$ 4687.03 |